



CERTIFICATE OF MAILING

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David H. Brinkman 2/18/03
David H. Brinkman, Reg. No. 40,532 Date

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TC 1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael J. Romine
Serial No.: 09/821,618
Filed: March 29, 2001
Examiner: Koch, George R.
Art Unit: 1734
Confirmation No.: 4107
Title: **FLOATING HEAD LIQUID DISPENSER WITH DISPENSING HEAD
SENSOR**
Atty Docket: NOR-979

Cincinnati, Ohio 45202

February 18, 2003

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Small Entity status is claimed.
 X Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	10	MINUS	20	= 0	x \$9	\$0	x \$18	\$0
INDEP.	2	MINUS	3	= 0	x \$42	\$0	x \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140	\$0	+ \$280	\$0
TOTALS					TOTAL FEE	\$0	TOTAL FEE	\$0

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

X No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

_____ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
___	one month	\$ 110.00	\$ 55.00
___	two months	\$ 410.00	\$205.00
___	three months	\$ 930.00	\$465.00
___	four months	\$1,450.00	\$725.00

___ Attached is a check in the amount of \$ ___ for the ___ month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ___ months has already been secured and the fee paid thereof of \$ ___ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ ____.

OR

(b) X Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

 X If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.



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